


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	SYSTEM FOR SEARCH AND ANALYSIS OF SYSTEMATIC DEFECTS IN INTEGRATED CIRCUITS		
Application Type : regular, utility			
Attorney Docket Number : BUR920030061US1			
Correspondence address:			
Customer Number:		29154	
Inventors Information:			
<u>Inventor 1:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	Bette		
<b>Middle Name:</b>	L.		
<b>Family Name:</b>	Bergman Reuter		
<b>Residence:</b>			
<b>City of Residence:</b>	Essex Junction		
<b>State of Residence:</b>	VT		
<b>Country of Residence:</b>	US		
<b>Address-1 of Mailing Address:</b>	30 Sunset Drive		
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>	Essex Junction		
<b>State of Mailing Address:</b>	VT		
<b>Postal Code of Mailing Address:</b>	05452		
<b>Country of Mailing Address:</b>	US		
<b>Phone:</b>			
<b>Fax:</b>			
<b>E-mail:</b>			
<u>Inventor 2:</u>			
<b>Applicant Authority Type:</b>	Inventor		
<b>Citizenship:</b>	US		
<b>Given Name:</b>	David		
<b>Middle Name:</b>	L.		

**Family Name:** DeMaris  
**Residence:**  
**City of Residence:** Essex Junction  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 1514 West Ninth Street  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Austin  
**State of Mailing Address:** TX  
**Postal Code of Mailing Address:** 78703  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 3:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Mark  
**Middle Name:** A.  
**Family Name:** Lavin  
**Residence:**  
**City of Residence:** Katonah  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 20 Anne Chambers Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Katonah  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 10536  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 4:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** William  
**Middle Name:** C.  
**Family Name:** Leipold  
**Residence:**

**City of Residence:** Enosburg Falls  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 4214 East Sheldon Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Enosburg Falls  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05450  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 5:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Daniel  
**Middle Name:** N.  
**Family Name:** Maynard  
**Residence:**  
**City of Residence:** Craftsbury Common  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** Shadow Lake Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Craftsbury Common  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05827  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Inventor 6:

**Applicant Authority Type:** Inventor  
**Citizenship:** IN  
**Given Name:** Maharaj  
**Family Name:** Mukherjee  
**Residence:**  
**City of Residence:** Wappingers Falls  
**State of Residence:** NY  
**Country of Residence:** US

**Address-1 of Mailing Address:** 12 Brothers Road

**Address-2 of Mailing Address:**

**City of Mailing Address:** Wappingers Falls

**State of Mailing Address:** NY

**Postal Code of Mailing Address:** 12590

**Country of Mailing Address:** US

**Phone:**

**Fax:**

**E-mail:**

Attorney Information:

practitioner(s) at Customer Number:

29154



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:

**Organization Name:** International Business Machines Corporation

**Address-1 of Mailing Address:** New Orchard Road

**Address-2 of Mailing Address:**

**City of Mailing Address:** Armonk

**State of Mailing Address:** NY

**Postal Code of Mailing Address:** 10504

**Country of Mailing Address:** US

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**E-mail:**